

## Housing Counseling Agreement

I am requesting assistance from the Neighborhood Counseling Services program with the following:

<input type="checkbox"/>	Pre-Purchase Counseling	<input type="checkbox"/>	Home Maintenance	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Fair Housing	<input type="checkbox"/>	Default & Delinquency
<input type="checkbox"/>	Rental	<input type="checkbox"/>	Supportive Services	<input type="checkbox"/>	Other

I understand that:

1. Cooperation with the Housing Counselor, including keeping scheduled appointments and providing pertinent information and documents requested, ensures a more accurate assessment of my situation.
2. My signature authorizes the Housing Counselor to act on my behalf in order to address my housing concerns, including, but not limited to, requesting information from outside sources such as mortgage lenders, landlords, employers, governmental agencies, etc., when necessary.
3. I understand I am not obligated to receive any other services offered by Neighborhood Counseling Services or its partnering agencies.
4. Neighborhood Counseling Services cannot provide legal advice or representation; therefore I am responsible to obtain legal counsel should the need arise.
5. I will be provided with direction and information on available options based on my current situation. Any decision made in regards to these options will be made by me.
6. The Housing Counselor agrees to maintain strict confidentiality concerning all information pertaining to my case and to act in my best interest at all times.
7. My signature indicates that all information provided to the Housing Counselor is correct to the best of my knowledge, especially as it pertains to my household income. (Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date